

# Cancer Screening

Recommendations for Men & Women

## The Utah Cancer Control Program

| AGE GROUP | SCREENING SCHEDULE FOR MEN   |
|-----------|--|
| 20-39     | <b>Every 3 Years:</b><br>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and testes.   |
| 40-44     | <b>Every Year:</b><br>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and testes.  |
| 45-49     | <b>Every Year:</b><br>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and testes.<br>Prostate-Specific Antigen (PSA) and Digital Rectal Examination (DRE) should be offered to men at high risk for prostate cancer.   |
| 50+       | <b>Every Year:</b><br>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and testes.<br>Prostate-Specific Antigen (PSA) and Digital Rectal Examination (DRE) should be offered.<br><br><b>One of the following:</b><br>Yearly fecal occult blood test (FOBT)<br><b>OR</b><br>Flexible sigmoidoscopy every 5 years<br><b>OR</b><br>Yearly fecal occult blood test plus<br>Flexible sigmoidoscopy every 5 years<br><b>OR</b><br>Double-contrast barium enema every 5 years<br><b>OR</b><br>Colonoscopy every 10 years |

[www.utahcancer.org](http://www.utahcancer.org)



Utah Department of Health  
288 N 1460 W, PO Box 142107  
Salt Lake City UT 84114-2107  
1.800.717.1811 or 801.538.6712

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Recommendations for Men & Women

## The Utah Cancer Control Program

| AGE GROUP | SCREENING SCHEDULE FOR WOMEN   |
|-----------|--|
| 20-29     | <p><b>Every 3 Years:</b><br/>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and ovaries.<br/>Breast clinical physical examination</p> <p><b>One of the following:</b><br/>Yearly regular Pap test OR Every other year liquid Pap test</p> |
| 30-34     | <p><b>Every 3 Years:</b><br/>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and ovaries.<br/>Breast clinical physical examination</p> <p><b>One of the following:</b><br/>Yearly regular Pap test OR Every other year liquid Pap test</p> |
| 35-39     | <p><b>Every 3 Years:</b><br/>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and ovaries.<br/>Breast clinical physical examination</p> <p><b>One of the following:</b><br/>Yearly regular Pap test OR Every other year liquid Pap test</p> |

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Recommendations for Men & Women

## The Utah Cancer Control Program

| AGE GROUP | SCREENING SCHEDULE FOR WOMEN (CONT.)  |
|-----------|---|
| 45-49     | <p><b>Every Year:</b><br/>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and ovaries.<br/>Breast clinical physical examination. Mammogram; continue as long as you are in good health</p> <p><b>One of the Following:</b><br/>Yearly regular Pap test OR Every other year liquid Pap test.</p>   |
| 50+       | <p><b>Every Year:</b><br/>Examination for cancer of the thyroid, oral cavity, skin, lymph nodes and ovaries.<br/>Breast Clinical physical examination. Mammogram; continue as long as you are in good health</p> <p><b>One of the following:</b><br/>Yearly fecal occult blood test (FOBT)<br/><b>OR</b><br/>Flexible sigmoidoscopy every 5 years<br/><b>OR</b><br/>Yearly fecal occult blood test plus<br/>Flexible sigmoidoscopy every 5 years<br/><b>OR</b><br/>Double-contrast barium enema every 5 years<br/><b>OR</b></p> |

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